2020

BLACK PARENT-ADOLESCENT CONVERSATIONS ABOUT SEX: A MIXED-METHODS STUDY OF PARENT PERSPECTIVES

Teressa Davis
University of Rhode Island, teressa_davis@uri.edu

BLACK PARENT-ADOLESCENT CONVERSATIONS ABOUT SEX: A MIXED-METHODS STUDY OF PARENT PERSPECTIVES

BY

TERESSA DAVIS

A DISSERTATION SUBMITTED IN PARTIAL FULFILLMENT OF THE

REQUIREMENTS FOR THE DEGREE OF

DOCTOR OF PHILOSOPHY

IN

PSYCHOLOGY

UNIVERSITY OF RHODE ISLAND

2020

DOCTOR OF PHILOSOPHY DISSERTATION

OF

TERESSA DAVIS

APPROVED:

Dissertation Committee

Major Professor Gary Stoner

Kathleen Gorman

Bryan Dewsbury

Brenton DeBoef
DEAN OF THE GRADUATE SCHOOL

UNIVERSITY OF RHODE ISLAND
2020

Abstract

The purpose of this mixed-methods study was to explore parental attitudes about adolescent sexual behavior among middle-income Black families. This study also examined the interactions between religion, parental attitudes about adolescent sexual behavior, and the frequency/quality of conversations regarding sexual topics. A total of 108 participants completed a survey via Qualtrics that examined these topics. Results found that parents generally have negative attitudes about adolescent sexual behavior. It was also found that parents discussed some topics more frequently than others and the quality of these conversations was neither overly negative nor positive. Results of step-wise multiple regression analyses indicated spirituality significantly predicted parental attitudes. Also, interviews were completed with seven participants. Participants were asked about the facilitators of and barriers to these conversations and from whom they would seek assistance in preparing to have such conversations.

Results indicated middle-income Black parents hold negative attitudes about adolescent sexual behavior. Spirituality was a significant predictor of parental attitudes towards adolescent sexual behavior. Parents reported they did not speak to their adolescents about sexual topics because they felt uncomfortable, their adolescent was too young, and the subject of adolescent sex was taboo. In contrast, participants stated that providing accurate information, protection from harm, and having an open relationship drove them to engage in these conversations with their adolescent. Lastly, results suggested that parents would seek assistance from a variety of professionals including health professionals, mental health professionals and the Internet. Implications for school professionals and suggestions for future research are discussed.

Acknowledgement

I would to extend my deepest gratitude to my major professor, Dr. Gary Stoner for his guidance through this process. His motivation and continued support helped me persevere and facilitated my growth as a researcher, practitioner, and advocate in the field of psychology.

I am also thankful for the assistance and patience given to me by my committee members, Kathleen Gorman and Bryan Dewsbury. Thank you for being available and providing thoughtful feedback. Your input helped shape this study and my research skills tremendously.

A special thank you goes to all of the parents that participated in this study. Thank you for sharing your stories with me. This project would not have been possible without you.

I cannot express how grateful I am to my family. Your support and your prayers have been unwavering.

Lastly, I would like to give a special thanks to Jen and Erin, the JET Plan for Success. We did it!

DEDICATION

I dedicate this project to Robert Davis. You taught me so much about hard work and dedication and for that, I'm forever thankful.

Table of Contents

List of Tables

Chapter 1

Statement of the Problem

According to the Centers for Disease Control (CDC), there are six health-risk behaviors contributing to the leading causes of death, disability, and social problems among youth in the United States. These six health-risk behaviors are: unintentional injuries and violence, sexual behaviors, alcohol and other drug use, tobacco use, unhealthy dietary behaviors, and inadequate physical activity. The present work will focus on adolescent sexual behavior. Adolescent sexual behavior can lead to negative outcomes, including unintended pregnancy, sexually transmitted diseases (STDs) and HIV (CDC, 2018).

Unintended teen pregnancy has short-term social and economic costs as well as long-term impacts on teen parents and their children (Perper et al., 2010; Hoffman, 2008). Approximately 50% of teenage mothers receive a high school diploma while 90% of teenage females who did not give birth in their teenage years graduate from high school (Perper et al., 2010). Children of teenage mothers, as compared to children of older parents, also are more likely to face challenges. These challenges include having low academic achievement, dropping out of high school, becoming teenage parents themselves, becoming incarcerated during adolescence and having more significant health problems (Hoffman, 2008) than children of older than teenage mothers. Finally, racial and ethnic disparities have been documented in teen pregnancy, with birth rates of Hispanic and Black teens found to be more than twice the birth rates for White teens (Martin et al., 2015).

According to the CDC (2017), teens and young adults have the highest rate of STDs of any age group. Teens and young adults accounted from 63% of all chlamydia cases in 2017 (CDC, 2017). In 2017, gonorrhea cases increased 16% for teens aged 15 to 19. Racial disparities also have been noted in STD and HIV rates and infections. According to the CDC (2018), almost half of the newly reported cases of STDs were found in Black females ages 15 to 24. Additionally, rates of reported cases of chlamydia were highest for Blacks aged 15–19 and 20–24 years (CDC, 2018). Rates of reported gonorrhea were again highest for Blacks aged 15-19, 20–24, and 25–29 years (CDC, 2018). Similar results can be found for Black individuals and HIV specifically, with young Black males who are disproportionately more likely to become infected with HIV (CDC, 2011) relative to other racial groups.

The detrimental consequences associated with youth engagement in sexual behaviors are clear and increasingly, research efforts have explored various protective factors against these unintentional effects. As the CDC (2019) notes, access to and the routine use of quality health care will reduce STD disparities. However, it is important to note that provider bias or discrimination may affect Black individuals help-seeking behaviors (Hall et al., 2015). The quality of care may also vary in largely minority neighborhoods. Another prevention avenue that has been explored is the role that parents play in the sexual socialization of their adolescent. Specifically, religion, parental attitudes about adolescent sexual behavior, and parent-adolescent conversations about sexual topics have been found to decrease or delay the engagement in sexual behaviors for Black adolescents (Childs et al., 2008, Crosby et al., 2001; Kapungu et al., 2010; Landor et al., 2011; McCree et al., 2003).

Adolescent sexual behavior

Early sexual behavior is defined as having sexual intercourse before the age of 14 (Kaplan et al., 2013), and this occurrence is also referred to as "early sexual initiation". Early sexual initiation is associated with negative consequences for youth. For example, results from Kaplan and colleagues' (2013) study of high school students' sexual behavior found that adolescents who reported early sexual initiation were more likely to engage in other risky sexual behaviors. The results are similar to what was found in Sandfort and colleagues' (2008) study on the long-term health consequences of sexual initiation age. Specifically, early sexual initiation was associated with higher rates of having multiple sex partners within the year, using alcohol/drugs during sexual intercourse, not using contraceptives during last sexual experience, unintended pregnancy, having a sexual partner that was over 21 years old, being forced to have sex and physical dating violence (Sandfort et al., 2008; Kaplan et al., 2013). Early initiation also has been associated with higher odds of having an STI (Kaestle et al., 2004).

The CDC collects a large amount of data on adolescent sexual behaviors through its Youth Risk Behavior Surveillance System (YRBSS). This tool has enabled data collection on the number of sexual partners and contraceptive use for youth in the U.S. In 2017, for example, the CDC reported 40% of U.S. high school students reported having sexual intercourse, and 10% reported having four or more sexual partners. Additionally, of the 30% of teens who had been sexually active in the previous three months, 46% did not use a condom the last time they had sexual intercourse and 14 % used no method to prevent pregnancy (CDC, 2017).

Black adolescents appear to be engaging in some sexual behaviors at higher rates than their White and Hispanic counterparts. In 2017, the CDC found that Black students had a higher prevalence of having had sexual intercourse with four or more persons (14.8%) than Hispanic (9.4%), and White (8.6%) students (CDC, 2017). Black adolescents also reported a higher prevalence of having had sexual intercourse before age 13 (7.5%) than Hispanic (4.0%), and White (2.1%) students (CDC, 2017).

Unfortunately, Black adolescents are being adversely affected by the negative consequences of sexual behaviors. In 2018, the CDC found that Black females aged 15-19 years reported rates of chlamydia that were 4.5 times the rate among White women the same age. Similar results were found for rates of reported gonorrhea. Again, Black females aged 15-19 years reported rates of gonorrhea that were 8.8 times (1,756.4 cases per 100,000 females) the rate among White women in the same age group (200.1 cases per 100,000 females; CDC, 2018). Additionally, birth rates for Black teens (rate of 27.5) are two times the rates for White teens (rate of 13.2; Martin et al., 2017).

In 2018, Black individuals accounted for only 13% of the U.S. population but represented 42% of the new HIV diagnoses (CDC, 2018). Literature also states that young Black males are disproportionately more likely to become infected with HIV (CDC, 2011) relative to their non-Black peers. For example, the CDC (2018) found that out of the 42% of Black adolescent and adults who received a diagnosis of HIV, 31% were males while 11% were Black females. For newly diagnosed Black males and females, the largest transmission category (i.e., how they contracted the virus) was sexual contact, 94% and 92% respectively (CDC, 2018). In sum, sexual behaviors such as early

sexual initiation, multiple sexual partners and inconsistent use of contraceptives can lead to unintended consequences such as STDs, HIV, and pregnancy.

Parent-adolescent communication about sexual topics

Communication between parents and their adolescents can take different forms. The avenues of communication that will be explored in this study are indirect and direct communication. Indirect communication will be examined through reported parental attitudes about sexual topics. Direct communication will be examined through reports about parent-adolescent conversations.

As Dittus and Jaccard noted (2000), most research on parental attitudes about adolescent sexual behavior assume that parents have strong negative attitudes about their son or daughter engaging in sexual behavior. However, there are not many studies that explicitly examine parental attitudes about adolescent sexual behavior. With that being said, perceptions of maternal attitudes towards youths' engagement in sexual intercourse and birth control use have an effect on young people's engagement in sexual behaviors. For example, in a multi-ethnic study, young people who thought that their mothers disapproved of them engaging in sexual intercourse were less likely to have sex or become pregnant (Jaccard & Dittus, 2000). This research also found that youth who thought their mothers approved of them using birth control were more likely to engage in sexual intercourse (Jaccard & Dittus, 2000). While the adolescents were more likely to engage in sexual intercourse, they had increased use of birth control (Jaccard & Dittus, 2000).

Similar results are found for minority populations. In a study with middle- to upper-income Black adolescents, it was found that female adolescents were more likely

to have sexual intercourse if their mothers appeared to be more approving of premarital sex (Usher-Seriki et al., 2008). Somers and Anagurthi (2014) found that when adolescents perceived that their parents had negative views on premarital sex, they as well had more conservative attitudes about premarital sex. However, when adolescents perceived that their parents held less conservative views on premarital sex they were more likely to approve of premarital sex and engaged in more frequent and earlier sexual behaviors.

Parent-adolescent conversations about sex lead to decreased risky sexual behaviors and attitudes amongst adolescents (De Looze et al., 2014, Hutchinson et al., 2003; Thoma & Huebner, 2014). The positive relationship between parent-adolescent communication about sex-related topics and the decrease in risky sexual behavior and attitudes amongst adolescents is also observed in Black adolescents (Crosby et al., 2001; Kapungu et al., 2010; Sutton et al., 2012; Teitelman et al., 2008; Usher-Seriki et al., 2008). When examining parent-adolescent conversations about sexual topics in Black families, it is important to consider the possible role that religion could play in this interaction.

Religion in Black families

Black individuals tend to have higher rates of religious participation than compared to other ethnicities (Sinha et al., 2007). In research, adolescent religious behavior can be conceptualized in different terms. Often times, religious behaviors can be examined by religious practices such as reading the bible or going to church. Studies have also examined religious beliefs (e.g., belief in God), and religiosity (i.e., a combination of practices and behaviors). Spirituality has also been used as a measure of

examining religion. Spirituality is often defined as a personal expression, or way of life that may or may not be religious (Voisin et al., 2016).

The relationship between religion and sexual behaviors of Black youth has been inconsistent in the literature. For example, Bearman and Brucker (2001) did not find an association between religiosity and delay of sexual initiation. Other studies have found that Black adolescents who were more religious were more likely to delay sexual initiation, use condoms consistently and have fewer sexual partners than Black adolescents who were less religious (Landor et al., 2011; McCree et al., 2003). The relationship between spirituality and adolescent sexual behaviors has not been widely studied. However, Childs et al., 2008 found that spirituality significantly related to Black adolescents' attitudes toward abstinence but not sexual activity. Research indicates that religion and spirituality can have effects on parent-adolescent communication about sex.

Religion and communication about sex. Research has found that religious conservatism affects parental attitudes about sex **(**Finke & Adamczyk, 2008). This is true for Black parents as well (Ritchwood et al., 2017). Religion often conveys the message that sexual intercourse before marriage is sinful (Thomas, 2001). This message can directly affect parents' attitudes on adolescent sexual behavior and in turn affect parent-adolescent communication about sexual topics. For example, one study found that while religious parents did have conversations about sexual topics, their messages focused on "just don't' do it" (Moore et al., 2014). Similarly, in a study of Asian adolescents and parents, parents with higher levels of spirituality were less likely to talk with their adolescent about sex related topics (Rhucharoenpornpanich et al., 2012).

The association between parent-adolescent communication about sex-related topics and the decrease in sexual behavior and attitudes amongst adolescents is observed in Black youth (Crosby et al., 2001; Kapungu et al., 2010; Teitelman et al., 2008; Usher-Seriki et al., 2008). However, many Black parents still do not have these conversations with their adolescents (Jerman & Constantine, 2010). Religion and spirituality in Black families could play a role in why Black parents are not having conversations about sexual topics and issues with their adolescents. Also, as mentioned previously, it is important to examine the relationship between religion and sexual behaviors of Black youth since literature has been inconsistent.

Middle-income Black families

This study will exclusively focus on middle-income Black families. Previous sampling practices have led to very specific Black families being studied, which have resulted in a narrow characterization of parenting for this group (Tamis-LeMonda et al., 2008). The concern here is that many of the Black parents included in research studies have been categorized as having lower socioeconomic status (SES) and have lower levels of education (Tamis-LeMonda et al., 2008). Finally, previous literature has found that families who have a lower SES experience more punitive environments, heightened family conflict, higher levels of parental psychological distress, fewer financial resources, and lower levels of parental knowledge (Chen & Miller, 2013; Morawska et al., 2008; Repetti et al., 2002).

Purpose of the Study

The present study examined religion, spirituality, parental attitudes about adolescent sexual behavior, and parent-adolescent conversations about sexual topics in middle-

income Black families. Middle-income Black parents' conversations about sexual topics with their adolescents were explored. In addition, this study examined the interactions between religion, parental attitudes about adolescent sexual behavior, and the frequency/quality of conversations regarding sexual topics. In the interview portion of the study, parents were asked about the facilitators of and barriers to these conversations and from whom they would seek assistance in preparing to have such conversations. The intent of this project is to extend the limited literature on middle-income Black families by generating valuable information regarding religion, spirituality, parental attitudes about adolescent sexual behavior, and parent-adolescent conversations about sexual topics.

This study was organized around the following research questions:

1. What are Black middle-income parent attitudes, as indicated by parent report, on adolescent sexual behavior?
2. How do middle-income Black parents describe the frequency and quality of their conversations about sexual topics with their adolescent?
3. What are the associations between religion and attitudes towards adolescent sexual behavior among middle-income Black parents?
4. What are the associations between religion and conversations about sexual topics among middle-income Black parents and their adolescents?
5. What factors influence parent-adolescent conversations about sexual topics in middle-income Black families?

Chapter 2

Participants

In this study, all participants self-identified as Black or having African descent and reported being significantly involved with the caregiving of an adolescent aged 14 to 17. To participate in the study, parents also needed an income of 42,000 to 125,000 thousand dollars. This income range was adopted from the Pew Reach Center (2014) as indicative of middle-income. Participants were recruited and compensated through Qualtrics (https://www.qualtrics.com). Qualtrics provides researchers with the option of purchasing a panel of respondents, which is a group of individuals who have agreed to participate in research on a continuous basis. Participants that met study criteria (i.e., Black, caregiver for adolescent ages 14-18, income of 43,000 to 125,000 dollars) were offered the opportunity to participate in the study.

A total of 108 participants (79 females, 29 males) completed the survey questions on Qualtrics. Thirteen participants were not included because their responses had questionable quality (i.e., responses appeared random). Seven participants (6 females, 1 male) completed interviews. Participants ranged in age from 29 to 74 ($M = 44.14$, $SD = 8.81$). The education of parents was reported as having earned their General Equivalency Diploma (High School Completed/GED; 12%), some college experience (28.7%), an associate (19.4%) or a bachelor's degree (32.4%). Of note, eight parents (13%) had a graduate or professional degree. There was little variability in participant religion, with a majority (78.7%) of the parents reporting to be Christian (both Catholic and non-Catholic). Additional information about participant demographic characteristics is provided in Table 1.

Table 1

Demographic Information of Sample

Variable		Number reporting	%
Marital status			
	Single	25	23.1
	Married	56	51.9
	Living with partner	10	9.3
	Separated	1	.9
	Divorced	15	13.9
	Widowed	1	.9
Religion			
	Christian/Non-Catholic	72	66.7
	Muslim	1	.9
	Catholic	13	12.0
	Not religious	13	12.0
	Other	9	8.3
Education			
	High School Completed/GED	13	12.0
	Some college	31	28.7
	Associate	21	19.4
	Bachelor	35	32.4
	Graduate/professional	8	7.4

Note. N = 108

Measures

Participants responded to five sets of questions including demographics, questions regarding their attitudes about sexual topics, religious practices, religious beliefs, spirituality, and conversations regarding their adolescents' sexual behaviors. In addition, participants who were selected to be interview answered interview questions via telephone or Zoom interview.

Demographic questions. Participants were asked various questions regarding personal information. The demographic questions (see Appendix A for a copy of the questions asked) allowed for information such as gender, age, income level, and relationship status.

Religious Background and Behavior Scale. Participants were asked about their religious behaviors or practices using the Religious Background and Behavior Scale (RBB; see Appendix B; Connors et al., 1996). Higher scores on this measure indicated higher levels of religious behaviors or practices.

Hoge Intrinsic Religious Motivation Scale. Religious beliefs were assessed using the Hoge Intrinsic Religious Motivation Scale (Hoge, 1972; see Appendix B for a copy of the scale). To complete this questionnaire parents responded to items using a 5-point Likert scale (1= Definitely true, 5= Definitely not true). Higher scores on this measure reflected stronger religious beliefs.

The Intrinsic Spirituality Scale. There are inconsistencies in research regarding the definition and measurement of religion and spirituality. In some studies religion and spirituality are used interchangeably (Liechty, 2013) while in others they are treated as two distinct variables (Burris et al., 2009). Due to these inconsistences in the literature

spirituality was examined in this study as an additional variable. For this study spirituality was defined as a personal expression or way of life that may or may not be religious (Voisin et al., 2016). Spirituality was assessed using the Intrinsic Spirituality Scale (Hodge, 2003; see Appendix B for a copy of this scale). To complete this questionnaire parents responded to items using a 10-point Likert scale (0=Not part of my life, 10= The master motive of my life). Higher scores on this measure reflected stronger spirituality.

Close Friend Communication about Sex Scale. Parental-adolescent conversations about sexual topics were assessed by asking parents about the frequency and quality of these conversations (see Appendix C for a copy of the questions asked). Frequency of sex-related communication was measured with items adapted for parents from the Close Friend Communication about Sex Scale (Cronbach's αs .86-.90), which was found in Mastro and Zimmer-Gembeck (2015). Parents completed this questionnaire by responding on a 4-ponit -point Likert scale (1= Never, 4= Often). Higher scores reflected more frequent conversations.

Quality of Conversation Scale. The Quality of Conversation Scale (Cronbach's αs .87-.92) also was adopted from work by Mastro and Zimmer-Gembeck (2015). To complete this questionnaire parents responded on a 4-point Likert scale (1= Strongly disagree, 4= Strongly agree). Higher scores on these questions reflected higher quality conversations about sexual topics.

Parental attitudes questions. Parental attitudes about adolescent sexuality were assessed by asking parents how upset they would be if their daughter or son were engaging in sexual behaviors such as: oral sex, sexual intercourse, or kissing (see Appendix D for a list of questions asked; Bersamin et al., 2008). This measure of parental

attitudes is commonly used in the literature (Bersamin & Todd, 2008). Parents responded on a 4-point Likert scale (1= Not at all upset, 4=Very upset) regarding how upset they would be if their adolescent kissed someone, engaged in oral sex and sexual intercourse. Higher scores on these questions reflect more negative parental attitudes (e.g., more upset).

Interview guide. Follow-up (to the questionnaire, that is) interviews were considered appropriate for the present study because the sensitive nature of the information to be discussed (Mack et al., 2005). A semi-structured interview guide containing 2 questions was created to address the study goals (see Appendix E for a list of questions asked). A semi-structured interview format was used because it allows for a degree of openness and flexibility during the interview process (Kvale, 1996). While this method involves preparation and use of pre-determined questions, the interviewer was able to ask follow-up questions as he or she is granted some flexibility in the sequence and form of the questions asked during the interview (Kvale, 1996). Questions in the interview guide explored ways to enhance parent-adolescent conversations about sexual topics. Specifically, participants were asked about factors that influence parents' engagement in conversations about sexual topics with adolescents. Participants were also asked "…with whom they would consider seeking assistance from" if they wanted to improve their conversations related to sexual topics with their adolescent.

Procedure

Prior to implementation, the University of Rhode Island Institutional Review Board (IRB) reviewed and approved the methods and procedures of the study. For the quantitative portion of the study, participants completed questionnaires through Qualtrics.

To ensure that the quality of data received from Qualtrics was adequate, Qualtrics and the main researcher implemented various safeguards. Research has shown that the order response options are presented in can affect which options are more likely to be selected (Couper et al., 2004). In order to reduce this effect, the researcher randomized the response options (Couper et al., 2004) while still maintaining a logical order. Qualtrics suggested that the research include a question asking if participants would give their best responses to the survey questions.

Qualtrics created a soft launch of the survey during which they opened up the survey to a small number of participants. Once 10% of the target sample was collected, the study was paused and the researcher was able to review the data. Based on the average survey completion time (nine minutes), Qualtrics implemented a speeding check. If participants completed the survey too quickly, or one-half the median time completion, they were terminated from the study.

Participants who were invited to complete the questionnaires were led to the informed consent. After indicating that they understood and consented to the study participants were then directed to a question asking if they would give their best response to the following questions. Then, participants were asked screening questions regarding race, household income, and caregiving responsibilities for an adolescent. If participants did not identify as Black, had an income that was below 42,000 or above 125, 000 and were not significantly responsible for the caregiving of an adolescent between the ages of 14 and 18 they were led out of the survey to a page thanking them for their participation. After survey completion, participants were thanked for their participation and asked if they were willing to participate in a brief interview for a $10 gift card.

The last question on the Qualtrics survey asked parents if they were interested in possibly participating in an interview. Thirty-eight participants indicated they were interested and provided their email address. With this information, the researcher compiled two separate lists for mothers and fathers. Groups of three mothers and fathers were contacted via email to schedule interviews. The research followed up with parents if they did not respond within a week. If the participants did not respond or were unable to participate in the interview, the researcher then contacted the next parent on the list. In an attempt to have an equal number of males and females, the researcher contacted all of the eight fathers who indicated that they would be willing to participate in an interview.

The interviews were scheduled at times that were mutually agreeable for the interviewee and the interviewer. Audiotaped interviews lasting approximately 20 minutes were scheduled. At the conclusion of each interview, the parent was asked if they would like a copy of the study results. Upon completing the interviews, participants were sent a $10 gift card as compensation for their participation.

Once the interviews were completed, the primary researcher and a research assistant, who was trained by the primary researcher, transcribed the interviews verbatim. The primary researcher reviewed all audiotapes and transcripts carefully to ensure accuracy. Identifying information was removed from the transcripts and pseudonyms were used to maintain confidentiality. Audiotapes were erased after transcriptions were complete.

Data Analysis

The data was analyzed both quantitatively and qualitatively. A preliminary power analysis conducted in G*power 3.1 for a multiple regression revealed that a sample size

of 107 would suffice for a moderate effect size. A multiple regression analysis was conducted to determine if parental religious beliefs, religious practices and spirituality (continuous independent variables) would predict parental attitudes about sexual conversations (continuous dependent variable). Another multiple regression was conducted to determine if religious beliefs, religious practices and spirituality (continuous independent variables) would predict parental-adolescent conversations about sexual topics (continuous dependent variable). Results were analyzed by assessing the macro level F-test for significance and effect size.

Qualitative content analysis was used to analyze the data obtained from the interviews with parents. This research method "provides a systematic and objective means to make valid inferences from verbal, visual, or written data in order to describe and quantify specific phenomena" (Downe-Wambolt, 1992, p.314). When using content analysis there is no established criterion for the number of informants or objects of study (Bengtsson, 2016). Content analysis allows for data to be analyzed using manifest or latent content (Bengtsson, 2016). For this study, manifest content was analyzed. Manifest, or surface-level content, can be represented by categories and is a description of what the informant says (Bengtsson, 2016; Graneheim & Lundman, 2004). In other words, the manifest content includes what the participant said on a basic or surface level.

To analyze the manifest content, researchers listened to each interview several times before it was deleted and each transcription was read several times in order to gain a general impression of the material (Bengtsson, 2016). The primary researcher trained the research assistant to serve as a secondary coder. Text that represented possible responses to the research questions was identified. For example, text that represented

possible facilitators or barriers to conversations about sexual topics was identified. Independently, two researchers analyzed and broke down the data into smaller units or codes (Bengtsson, 2016; Graneheim & Lundman, 2003). Next, the researchers compared, discussed, and revised the codes together. The open discussion strategy (Chinh et al., 2019), or openly discussing disagreements, was used to resolve any disagreements that occurred. Independently, the researchers then re-coded the data with the revised codes using the "cutting and sorting" (Ryan &Bernard, 2003) method. Which included using a specific color to highlight the text that went together or fell within the same code. Next, the researchers compared and discussed, the codes together, and 100% agreement was reached. Findings are presented using narratives and quotations to support conclusions and inferences (White & Marsh, 2006).

Trustworthiness

Trustworthiness of findings is important when conducting qualitative research. Four concepts have been identified to established trustworthiness: confirmability, credibility, dependability, and transferability (Lincoln & Guba, 1985). Confirmability is similar to objectivity, or making sure that findings are neutral (Lincoln & Guba, 1985). Credibility, which is parallel to internal validity, has to do with the accuracy of the findings (Lincoln & Guba, 1985). Dependability, which is similar to reliability, refers to the consistency of the findings. Transferability refers to the generalization of the results (Lincoln & Guba, 1985).

In order to establish trustworthiness, the researcher engaged in several activities. Informal member checking was conducted by seeking to clarify information collected during the interviews. This activity ensured that the data collected from participants was

accurately and fully understood. To reduce bias, the main researcher and a research assistant independently analyzed and interpreted the data. This process helped to establish the credibility of the findings and interpretations. Peer debriefing, when the researcher discusses data analysis and interpretation with other colleagues, also reduces the possibility of bias (Lincoln & Guba, 1985). An audit trail was used to address the dependability and confirmability of the data. For an audit trail, the researcher carefully documented the research study (Lincoln & Guba, 1985). Additionally, to increase the trustworthiness of the findings, direct quotations from the interviews will be used to illustrate identified themes in the data.

Chapter 3

Results

Preliminary Analyses

Exploratory data analysis and descriptive statistics were used to examine the data set relative to the assumptions of normality, linearity, homoscedasticity and homogeneity of regression. Skewness and kurtosis values for all independent and dependent variables were within normal limits satisfying the assumption of normality for these variables (see Table 2). The examination of scatterplots and variances allowed for the assessment of homoscedasticity and linearity, which were within normal limits. The evaluation of correlations did indicate multicollinearity between the predictor variables (see Table 3).

Table 2
Descriptive Statistics

Measure	*Mean*	*SD*	*Minimum*	*Maximum*	*Skewness*	*Kurtosis*
Spirituality	45.52	12.84	6.00	60.00	-1.11	1.29
Religious practices	31.88	9.35	6.00	47.00	-.71	.00
Religious beliefs	35.90	5.45	18.00	50.00	-.63	1.22
Frequency/Quality	71.15	18.65	34.00	110.00	-.09	-.82
Parent attitudes	7.77	2.72	3.00	12.00	-.33	-.99

Table 3

Correlation Analyses for Variables

Variables	1	2	3	4	5	6	7	8
1. Religious beliefs	–							
2. Spirituality	.47**	–						
3. Frequency/Quality	-.08	-.03	–					
4. Parent attitudes	.22*	.22*	.11	–				
5. Religious practices	.52**	.68**	.10	.16	–			
6. Income	.15	.03	.11	-.07	.10	–		
7. Parental age	.01	.08	.11	-.04	-.04	-.01	–	
8. Education	.13	.18	.05	.09	.23*	.24*	-.03	-

***Correlation is significant at < .01 level, * at p < .05 level*

Attitudes about sexual topics

Descriptive statistics were used to address question one, which explored middle-income Black parental attitudes towards sexual topics as related to parents' adolescent sons and daughters. Participants generally did not report negative attitudes regarding their adolescent engaging in kissing (M = 1.76, SD = .86). While 48% of participants did report they would not be upset if their adolescent had engaged in kissing, 34% of participants reported they would be slightly upset and 17% indicated they would be upset or very upset if their adolescent had kissed someone.

In contrast, parents reported generally negative attitudes regarding their adolescent engaging in sexual intercourse (M= 3.01, SD = 1.12) and oral sex (M= 3.00, SD = 1.05). A majority of parents (70%) reported they would be upset or very upset if their adolescent was engaging in sexual intercourse. Similar results were found for engaging in oral sex with 70 % of participants reporting that they would be upset or very upset if their adolescent had engaged in oral sex.

In summary, research question one explored Black parent's attitudes in regard to adolescent sexual behavior. Descriptive statistics were used to examine parent attitudes. The results suggest that middle-income Black parents have more negative attitudes about their adolescent's engaging in oral sex and sexual intercourse as compared to kissing.

Conversations about sexual topics

Question two examined the frequency and quality of parent-adolescent conversations about sexual topics. Frequencies (reported as percentages of conversations discussed) were used to determine how often participants discussed sexual topics. These data indicate that, generally speaking, participants had no or limited conversations with

their adolescent daughters/sons pertaining to certain topics (see Table 4). Masturbation was never discussed or discussed once by 68% of participants. Similarly, abortion (66%), sexual satisfaction (63%), birth control pills (60%), sexual desire (52%), and rape (52%), were never discussed or discussed once among the participants and their adolescents.

In contrast, there were topics that participants discussed more frequently (see Table 5). Most parents reported they had conversations with their adolescent daughter or son a few times or often regarding topics such as: adolescent physical appearance (85%), dating (82%), parent physical appearance (71%), kissing (68%), safe sex (64%), abstinence (62%), pregnancy (61%), sexually transmitted diseases (STDs; 61%), HIV/AIDS (59%), condoms (57%), sexual intercourse (57%), contraception (55%), menstruation (54%), and casual sexual intercourse (51.9%).

To examine the quality of parent-adolescent conversations parents were asked questions exploring their perceptions of adolescent comfort when discussing these topics (see table 6). The quality of these conversations ranged from a mean of 2.36 to 2.89 (SD = .87 to .98), corresponding to descriptors of "strongly disagree (represented by 1 on a Likert scale) to strongly agree (represented by 4 on a Likert scale). These results suggest that parents find their conversations with their adolescents as neutral in quality.

In summary, research question two examined the frequency and quality of conversations about sexual topics. Descriptive statistics were used to examine the frequency and quality of the conversations. Results suggest that parents discussed some topics less frequently (e.g., masturbation, abortion, sexual satisfaction), than others (e.g., adolescents' physical appearance, dating, kissing). The quality of the conversations was neither overly negative nor positive.

Table 4

Least Frequently Reported Topics of Sex Related Conversation

Topic	Rating/Frequency
Masturbation	Never (55)
	Once (12)
	Few (22)
	Often (10)
Abortion	Never (50)
	Once (16)
	Few (23)
	Often (11)
Sexual satisfaction	Never (43)
	Once (20)
	Few (23)
	Often (14)
Birth control pills	Never (46)
	Once (14)
	Few (26)
	Often (14)
Sexual desire	Never (31)
	Once (21)
	Few (27)
	Often (21)
Rape	Never (32)
	Once (19)
	Few (24)
	Often (24)

Note. Participants were asked to rate the frequency of conversations with the following ratings: never, once, a few times, and often.

Table 5

Most Frequently Reported Topic of Sex Related Conversation

Topic	Rating/Frequency
Adolescent physical appearance	Never (7) Once (7) Few (31) Often (55)
Dating	Never (11) Once (7) Few (38) Often (44)
Parent physical appearance	Never (18) Once (11) Few (33) Often (38)
Kissing	Never (22) Once (10) Few (43) Often (25)
Safe sex	Never (21) Once (15) Few (22) Often (42)
Abstinence	Never (19) Once (19) Few (23) Often (39)
Pregnancy	Never (29) Once (10) Few (33) Often (28)
STDs	Never (27) Once (12) Few (24) Often (37)
HIV/AIDS	Never (26) Once (15) Few (31) Often (29)

Condoms	Never (26) Once (17) Few (20) Often (37)
Sexual Intercourse	Never (27) Once (17) Few (24) Often (32)
Contraception	Never (31) Once (15) Few (24) Often (31)
Menstruation	Never (34) Once (12) Few (27) Often (27)
Casual sexual intercourse	Never (37) Once (11) Few (28) Often (24)

Note. Participants were asked to rate the frequency of conversations with the following ratings: never, once, a few times, and often.

Table 6

Descriptive Data for Quality of Conversations

Quality Question	Mean	Standard Deviation
Question 1	2.61	.93
Question 2	2.82	.94
Question 3	2.72	.96
Question 4	2.89	.91
Question 5	2.52	.87
Question 6	2.50	.93
Question 7	2.63	.98
Question 8	2.36	.96

Religious factors, parental attitudes, frequency and quality of conversations

Two multiple regression analyses had been proposed to examine questions three and four which examined the predictive nature of religious practices, religious beliefs and spirituality on parental attitudes about adolescent sexual behavior and the frequency and quality of parent-adolescent conversations about sexual topics. However, as noted above, the data did not meet the necessary assumptions for these analyses (see Table 3). Thus, as an alternative data were analyzed using stepwise multiple regressions. This statistical method begins with an initial model that includes all of the independent variables, which are also used as predictors. Each independent variable is then added or removed in a stepwise fashion, as a result of determining which variables are significant and insignificant predictors.

A stepwise multiple regression was conducted to determine the extent to which religious practices, religious beliefs and spirituality predicted the frequency and quality of parent-adolescent conversations about sexual topics. The dependent variables were frequency and quality of conversations and the predictors were religious practices, religious beliefs and spirituality. The stepwise regression did not result in statistically significant results (see Table 7), indicating that religious practices, beliefs and spirituality were not significant predictors of the frequency and quality of parent-adolescent conversations about sexual topics ($R = .21$, $R^2 = .044$, $F (1, 106) = 1.57$, $p = .20$).

Table 7

Summary of Stepwise Multiple Regression with Frequency and Quality as Dependent Variable

R	R^2	Adjusted R^2	F	*p*
.21	.04	.016	1.57	.20

Another step wise multiple regression was conducted to determine whether religious practices, religious beliefs and spirituality predicted parent attitudes about adolescent engagement in sexual behaviors. Here, the dependent variable was parental attitudes and the predictors were religious practices, religious beliefs and spirituality. The results of the regression indicated that the model explained 5% (Table 8) of the variance found in the data and was a significant predictor of parental attitudes ($R = .22$, $R^2 = .05$, $F (1,106) = 5.59$, $p = .02$). Spirituality contributed significantly to the model ($B = .05$, $\beta = .22$, $p = .02$) suggesting that it was a significant predictor of parental attitudes towards adolescent sexual behavior. Using the guidelines provided by Cohen (1992) suggesting an R^2 of .02 is interpreted as a small effect size, .13 as medium, and .26 as large, the effect size yielded by this test represents a small effect.

Table 8

Summary of Stepwise Multiple Regression with Spirituality *as Predictor of Parental Attitudes*

Variable	R	R^2	Adjusted R^2	F	*P*
Parental attitudes	.22	.05	.041	5.59	.02

Research questions three and four explored the predictive nature between religion and spirituality on frequency and quality of conversations and parental attitudes. Research question three examined whether religious practices, religious beliefs and spirituality predicted the frequency and quality of parent-adolescent conversations about sexual topics. No significant results were found suggesting that religious practices, beliefs and spirituality were not significant predictors of the frequency and quality of parent-adolescent conversations about sexual topics. Question four examined whether religious practices, religious beliefs and spirituality predicted parental attitudes on adolescent engagement in sexual behaviors. Results indicated that spirituality predicted parental attitudes on adolescent sexual behavior. This finding can be interpreted to suggest that as spirituality increases in middle-income Black parents so do their negative attitudes on adolescent sexual behavior.

Factors that influence parent-adolescent conversations

The fifth research question examined factors that influence parent-adolescent conversations regarding topics of a sexual nature. Here, parents were interviewed individually, and the results of the interviews are organized around three areas: barriers to conversations, facilitators to conversations, and to whom the parent would turn if they needed support in having these conversations. For each area, descriptive tables are

provided to summarize the categories or explicit messages provided by participants. Implicit messages that were conveyed throughout the interview are reported as well. The findings are presented with narratives and interviewee quotations to support conclusions and inferences made by the researcher (White & Marsh, 2006).

The first area of inquiry focused on barriers that parents face when engaging their adolescents in conversations about sexual topics. The participants answered one question asking them to name some factors that could be a barrier or obstacle to these conversations. Participants were willing to share their opinions and personal experiences with talking to their adolescent about sex related topics. Three categories of responses emerged from participants' comments, each are described in the following sections (see Table 9.

Table 9

Barriers to Conversations about Sex

Categories	Number of parents speaking to this issue (N=7)
Parents are uncomfortable	4
Too young	2
Taboo subject	1

Parents are uncomfortable. Many parents indicated having conversations regarding sexuality and related topics with their adolescents made them (i.e., the parents) feel uncomfortable. This discomfort was reportedly related to factors such as adolescents knowing more than the parent, fear of the questions their adolescent might ask, and not wanting to know what their adolescent knew on the subjects. One participant explained, "I think because some of them, some parents, just feel uncomfortable." Another

participant stated, “The conversation is always uncomfortable for most of the parents and for the kids, so they just try to avoid it, to avoid the uncomfortable feeling.”

Some participants expressed feeling uncomfortable about the questions their adolescents might ask and finding out how much their son or daughter already knew about sex. For example, one participant reported:

> But a reason why they wouldn't [have the conversation] is probably just a fear of the questions that they [adolescent] may ask or how much they already know or something like that or it might be awkward for them.

Another parent stated, “They could probably be afraid of what the kid might ask because in this day and time the kids seem like they know a bit more than you think.” This mother continued, explaining some parents do not want to know what their son or daughter knows about sex, “I don't want to hear what my daughter has to say.”

Too young. Two parents reported adolescent age as a deterrent to conversations regarding sexual topics. One participant explained:

> The only reason why we wouldn't have conversations with our kids is, if they’re too young to understand. Like I wouldn't have that conversation with a 5,6,7,8 year old. These days and times 9,10 11, yeah. They kinda need that conversation. But, I would be very careful about what words I use and try to like explain. But kids probably know more than I do. These days and times they probably know more than I do but that would be the only reason why I wouldn't, talk to, you know, my child if they were in that age range. You know, under the [age of] 9 and under.

Another participant expressed shock that her son brought up the topic in elementary school:

> I remember the first one [conversation] that we had was actually when he was in elementary school. So, it would not have been, I felt like okay, he’s ready, it’s time because I thought, wow, I can’t believe we having this conversation already.

Taboo subject. A father noted that parents can find the topic of adolescent sex taboo because of how the parents were raised. He stated that this belief could be a reason why parents do not have conversations with their adolescents around sexual behavior:

> I never had that conversation with my parents because, my parents are from the old school, very quiet, and sex was just a no no! You know, matter of fact, I couldn't even imagine my parents having sex! I mean so, it was just a taboo subject. In fact, when I was growing up, you didn't ask your parent's questions at all you just did what you were told. And so, we didn't have a relationship where you communicated, especially on subjects of sex. I never even thought about that subject, never thought about bring that subject up to my father. I mean, he probably would have been shocked if I would've you know, came to him with that, he would have been floored, if I would have!

Participants were then asked what facilitates conversations around sexual behavior with adolescents. The participants answered one question asking them to name some factors that could facilitate or aid these conversations. Table 10 lists the three categories that emerged from participants' responses, each are described in the following sections.

Table 10

Facilitators to Conversations about Sex

Categories	Number of Parents speaking to this issue (N=7)
Correct information	4
Protection	3
Open relationship	3

Correct information. Many participants stated that a reason they have conversations regarding sexual topics with their adolescents was to provide correct information on sex related topics. One participant stated they would rather provide the information to their adolescent "instead of hearing it off the street or from a friend."

Many parents were fearful of their adolescent receiving incorrect information from their friends or the media. One parent stated:

> I know with my kids, it's, it's probably something I don't really want to talk about but, we gone have to have this conversation cause it's better to be informed than not be informed. Cause, you learn a lot from, a lot of stuff from your friends, a lot from the internet these days and I don't want them to believe everything they see on there as what's right, as life is, cause sometimes, it's just, a big show, people act like they know what they are doing and all that but it's a lot more involved. Starting with facts, emotions, feelings and all kinds of stuff.

Another parent expressed similar concern:

> Well, I think they do have the conversations because it's imperative that the kids learn from someone who knows what they are talking about versus friends who might not know anything or things they may hear so I think it's, it's imperative that they hear from someone who knows what they are talking about. Who will actually go into [detail], explain what things are and how things are done and stuff like that. So I think that's a reason why they would talk about it with them.

Protection. Many parents reported they had conversations regarding sexual topics as a means of protection for their adolescent. Three parents expressed their fears about their son or daughter transmitting a STD. For example, one parent reported being worried about "diseases." Parents also expressed concern over teenage pregnancy as well. One participant stated:

> I think that a lot of us have conversations with our kids to prevent them from having sex, like to prevent them from having kids and sexually transmitted diseases, and you know, it's our job is to protect them!

Another parent expressed similar concern over their son contracting a STDs and having a child:

> I would have did it anyway [had a conversation about sex] but he is the only son and the reason why I would always have that conversation, cause I'm concerned about sexually transmitted diseases. And plus, I don't want him to have a, child out of wedlock. And I think it's such a mistake to have a child when you're really young, when you haven't really grown up yet. And plus, if you trying and

> get your education, it'll be kinda hard to raise a child and go to school at the same time.

Lastly, a participant reported she had these conversations to protect her child from child predators, "Because of, what is it? Child molestation. You know they got those, what is, pedophiles going around. You know to warn them about that."

Open relationship. Some parents felt that having an open relationship and/or open communication with their adolescent aided in their ability to have these often-uncomfortable conversations with their son or daughter. One parent reported to, "Take a deep breath and you know, suck it up and just be open to whatever the kid might have to say!" A different parent expressed similar ideas of being transparent, "I think, it's kinda, like a, very transparent and open relationship with them or let them know that they can talk to them [parents] about anything or they can actually." Similarly, another participant expressed the notion of being open-minded:

> I think they have to, really just, I mean they need to be open-minded to what they might hear but it is very important to have that conversation, because I think the parent would be the best way to guide the kid instead of hearing it off the street or from a friend.

Lastly, participants were asked who they would seek support, guidance, or assistance from if they were interested in how to have, or how to improve, conversations related to sexual topics with their adolescent son or daughter. Table 11 provides the four categories that emerged from participants' responses, each are described in the following sections.

Table 11

Who Parents Would Seek Assistance From

Categories	Number of parents speaking to this issue (N=7)

Health professional	5
Another adult	3
Internet	3
Mental health professional	2

Health professional. Most parents reported that they would seek assistance from a health professional. One father reported that he had a good relationship with his family doctor, "I probably would talk to my family doctor. Because he and I, we have a pretty good relationship." He further explained that he would seek assistance from his doctor because he had advanced knowledge on the topic, could provide more clinical information and proper terminology:

> And I think that, he could give me tips on how to, approach it with a more, searching for the right word to, say. He can give me more, clinical reasons. Or terms that I could use to explain why you should use a condom or, what's the best way to approach, sex conversations with teenagers. I think he would, he would have more experience than I.

Another participant expressed a similar idea about receiving clinical information from a doctor, "If I felt like I needed more [information], kind of like clinical information, then I would probably talk to his pediatrician." A different participant stated, "I would talk to a doctor, and why because, I know they have more education of certain factors as far as like sex and the body and what could happen versus maybe just asking a friend, you know."

Another adult. Parents also reported they would speak to another adult if they needed assistance. Two parents stated that they would speak to their adolescent's father. One mother explained that she would seek assistance from her son's father because this conversation is a "guy thing that I don't really have experience with." Another mother

explained how having her son's father around during the conversation would take the pressure off of her, "I guess well with me, I guess having the second parent with me, having his dad around to talk with me, to have another adult to help explain with me." A participant stated that she would speak to "really close friends that you're comfortable having that conversation with."

Lastly, a mother stated that she would speak with her mother for support, "I would talk to my mom, I would talk to my mom because I trust her the most, you know she keeps it real, she tells me what it is, about situations like this."

Internet. Participants also expressed they would search the internet if they wanted to seek support or guidance on how to improve their conversation skills in this area. For example, one parent reported that they would search on Google, "But probably just, Google and research stuff and see what's the best way to bring something up." Similarly, another parent stated, "The first thing I would do is go online and research, that would be the first thing I do." One parent reported using the internet to find material or lessons focused on how to have these kinds of conversations with your adolescents:

> I heard that there's, there's products online and stuff where you can, it can prepare you to have a conversations with them. So, it would be, you know more of a, like a lesson thing rather than something that, that you're just going off the top of your head. That can ease them into it. You know?

Mental health provider. Two parents reported they would speak to mental health providers. One parent stated that they would speak to a "therapist" if they were in treatment. Similarly to health professionals, parents believed that mental health professional had advanced knowledge and training on adolescent sexual behavior:

> I think I would probably ask one of the social workers at the school I work at how would they approach it. And kinda get somebody's [social worker] insight who I know would, might have dealt with this in the past.

In summary, 7 parents of adolescents participated in an interview which explored the factors that influence parent-adolescent conversation about sexual topics. Each parent was asked three specific questions regarding the barriers to conversations, facilitators to conversations, and to whom the parent would turn if they needed support in having these conversations. Parents cited the following reasons as deterrents to engaging in conversations about sexual topics with their adolescent: parents feeling uncomfortable, the adolescent being too young, and the subject of adolescent sex being taboo. However, participants reported that wanting their adolescent to have the correct information, protection from harm, and having an open communicative relationship facilitated their conversations around sexual topics. Lastly, parents reported they would seek help from a health professional, another adult, the internet or a mental health professional.

This study aimed to explore middle-income Black parent's attitudes regarding adolescent sexual behavior. Participating parents reported negative attitudes pertaining to adolescent engagement in oral sex and sexual intercourse as compared to kissing. The frequency and quality of conversations about sexual topics was also examined. Participating middle-income Black parents discussed topics such as adolescents' physical appearance, dating, kissing more frequently than topics such as masturbation, abortion, and sexual satisfaction. The quality of the conversations was rated by the parents as neither overly negative nor positive. No significant results were found when examining the relationship between religion (i.e., practices and beliefs) or spirituality, and the frequency and quality of parent-adolescent conversations. When exploring the

relationship between religion (i.e., practices and beliefs) or spirituality, and parental attitudes, spirituality was found to predict parental attitudes on adolescent sexual behavior. Parents reported the following as being hurdles to them having conversations with their adolescent about sexual topics: feeling uncomfortable, their adolescent being too young, and the taboo nature of the subject. However, facilitators included wanting their adolescent to have accurate information, protection from harm, and having an open communicative relationship. Lastly, parents reported that they would contact a health professional, another adult, mental health professional or search the Internet if they wanted to seek help or additional information.

Chapter 4

Discussion

In this section, the results of the study will be discussed in relation to the research questions. Next, implications for research and practice will be explored. Limitations of the study will be presented and lastly, future directions for research will be highlighted.

The current study used mix-methods to explore middle-income Black parents' conversations about sexual topics with their adolescents. In addition, this study explored the relationships between religion, parental attitudes about adolescent sexual behavior, and frequency/quality of conversations regarding sexual topics. The first research question examined parental attitudes on adolescent sexual behavior. Results indicated parents held more negative attitudes about their adolescents engaging in oral sex and sexual intercourse as compared to kissing. This finding indicates that middle-income Black parents generally hold negative attitudes about their adolescents engaging in sexual behavior. This finding supports and extends previous research that indicated lower-income Black parents hold conservative attitudes toward adolescents engaging in sexual behavior (Kotchick et al., 1999). However, as previously noted, there continues to be a dearth of research in the area of examining parental attitudes on adolescent sexual behavior, and future work should continue to explore the attitudes that parents hold in regard to adolescent sexual behavior.

Research question two examined the frequency and quality of Black parent-adolescent conversations about sexual topics. The results indicate that parents discussed some topics more frequently than others. For example, topics reported as discussed more frequently were dating, kissing, messages of safe sex, abstinence, and the negative

consequences of teenage sex (e.g., pregnancy). More difficult-to-discuss topics such masturbation, abortion, and sexual satisfaction were discussed infrequently. These findings support previous literature indicating that Black parents are more likely to have conversations centering around topics such safe sex, abstinence, and the negative consequences of adolescent sexual behavior (e.g., pregnancy; Gabbidon & Shaw-Ridley, 2018; Murry et al., 2014), and to avoid topics such as abortion and positive aspects of sexual behavioral (e.g., masturbation, sexual satisfaction). Further, parents reported the quality of their conversations with their adolescents on sexual topics was viewed as neither overly positive nor overly negative. This finding also is consistent with previous literature suggesting the that the quality of parent-adolescent conversations was neither overly negative nor overly positive (Mastro & Zimmer-Gembeck, 2015; Kapungu et al., 2010). Together, these findings suggest that Black parents may need additional consideration in future research, and in health service delivery around how to approach challenging topics with their adolescent sons and daughters.

Research question three explored the predictive nature of religion (i.e., religious practices, beliefs) spirituality, and frequency/quality of conversations. Results demonstrated that religion was not a significant predictor of the frequency/quality of parent-adolescent conversations about sexual topics. This finding indicates that religious practices, beliefs, and spirituality may not be as influential regarding the frequency/quality of parent-adolescent communication regarding sexual topics as we might think. This finding counters previous findings. For example, Regnerus (2005) found that religion predicted greater communication about sexual topics however. Similarly, it has been found that in Black caregivers, religion predicted parent-adolescent

communication about sexual topics (Ritchwood et al., 2017). A possible explanation for the differences found in this study and previous studies is the use of religiosity versus examining religious practices and beliefs independently. The researcher was interested in how religious practices and believes affect ones everyday life and morals, not the actual behavior and beliefs in isolation.

Question four explored the predictive nature of religion (i.e., religious practices, beliefs) and spirituality, on parental attitudes about adolescent sexual behavior. Spirituality, defined as a way of life or personal expression (Voisin et al., 2016), was found to be a significant predictor of parental attitudes towards adolescent sexual behavior, indicating that as spirituality increases in middle-income Black parents so do their negative attitudes on adolescent sexual behavior. This finding supports previous literature that found higher levels of spirituality resulted in lower permissive sexual attitudes (Brelsford et al., 2011). However, this finding is counter to previous research findings that neither religion nor spirituality had a direct impact on parental attitudes toward adolescent sexual behavior (Baier & Wampler, 2008).

A possible explanation for the differences found in these studies is that spirituality is individualized which makes it hard to define and measure. Voisin and colleagues (2016) found that spirituality could be centered around a God or higher power, which includes behavioral components or, spirituality can be secular, and have no religious affiliation or higher power. Previous literature as also defined spirituality as seeking human connection (Macknee, 2002).

For the qualitative portion of this study, parents of adolescents participated in an interview exploring factors that influence parent-adolescent conversation about sexual

topics. Parents were asked questions regarding the barriers to conversations, facilitators to conversations, and to whom the parent would turn if they needed support in having these conversations. Parents cited the following reasons as barriers to having conversations regarding sexual topics with their adolescent: parents feeling uncomfortable, the adolescent being too young, and the subject of adolescent sex being taboo. These results support previous findings suggesting that parents often felt as though their child was too young to know about certain sexual topics (McGinn et al., 2016), thus suggesting that timing of conversations about sexual topics is an important consideration. In Gabbidon and Shaw-Ridley's (2018) study it was found that parents had no or limited conversations about sexual topics with their adolescents and found the subject taboo, suggesting a high level of discomfort and/or lack of knowledge with the topics. As Miller et al., (2007) noted, when parents lacked comfort, knowledge, and confidence that could lead them to avoid having these types of conversations.

Parents also expressed they found the following factors facilitated their conversations around sexual topics with their son or daughter: their desire for their adolescent to have the correct information, protection from harm, and an open relationship. Identification of these factors, particularly protection from harm, supports previous literature stating that messages of protection against STIs, HIV, and pregnancy are the main topics of parent-adolescent discussions about sexual topics (Gabbidon, Shaw-Ridley, 2018; Murray et al., 2014). Further, the identified factors regarding correct information relate to previous work (McGinn et al., 2016) in which parents reported that knowledge about sexual topics would keep their sons and daughters safe.

Lastly, parents reported they would seek help from a health professional, another adult, the Internet and/or a mental health professional. These results are similar to past findings. For example, Murray et al., (2014) found mothers preferred to ask a male figure to talk with their sons about sex. When asked how medical professionals would assist parents in these conversations, parents noted they could provide adolescent health information to parents (Ford et al., 2009) in the form of brochures, resources, and other tools to facilitate discussion (Helitzer et al., 2011). Similarly, Ramos and colleagues (2015) found parents were interested in using the Internet to obtain information of adolescent sexual health due to its convenience and vast information.

Implications

Research has shown that Black adolescents are greatly being affected by STIs and HIV as compared to their peers. Parent-adolescent conversations is one avenue of prevention that has been explored in previous literature. The work reported here provides some insight on middle-income Black parent's conversations regarding sexual topics with their adolescents. This study also explored the interactions between religion, parental attitudes about adolescent sexual behavior, and frequency/quality of these conversations. Results indicate that Black parents generally had negative attitudes about their adolescent engaging in oral sex and sexual intercourse as compared to kissing, suggesting that they hold conservative attitudes about their adolescents engaging in sexual behavior. It is possible that these conservative attitudes affect the topics that parents discuss with their adolescent. This study found that parents are less likely to discuss topics such as abortion and positive aspects of sex (e.g., sexual satisfaction). When parents are discussing sexual topics with their adolescent, it is important that they provide accurate and comprehensive information on sexual behavior. When conversations only include messages about

abstinence or the negative consequences of teenage sex, parents miss the opportunity to provide their son or daughter with information on the other aspects of sex such as contraceptives. Conversations that include such important messages could lead to increased prevention efforts and safer sex practices among Black adolescents.

Parents reported they did not speak to their adolescents about sexual topics because they felt uncomfortable, their adolescent was too young, and the subject of adolescent sex was taboo. However, participants stated that wanting to give their adolescent accurate information, protection from harm, and having an open relationship drove them to engage in these conversations with their adolescent. As noted earlier, parent-adolescent communication about sex-related topics lead to decreased risky sexual behavior and attitudes amongst Black adolescents (Crosby et al., 2001; Kapungu et al., 2010; Sutton et al., 2012; Teitelman et al., 2008; Usher-Seriki et al., 2008). These results suggest that there is a need for parental support to foster higher levels of comfort and increase parental knowledge in these topic areas, which could contribute to prevention and safety efforts. It is also important for prevention and intervention efforts to build on the facilitators that the parents in this study suggested. For example, many parents spoke about the need to keep their son or daughter safe. As a result, prevention and intervention efforts should strive to incorporate messages about safety as a means of gaining buy in from parents.

Results also suggest that parents would seek assistance from a variety of professionals including health professionals, mental health professionals and the Internet. These results highlight the important role that the medical field and schools can play in prevention efforts. For example, school psychologists and medical professionals should

provide parents with resources on adolescent sexual behavior and information on how to broach a variety of sexual topics with their son or daughter. The results also highlight parents' willingness to seek assistance from others who they feel have more knowledge on the topic. Given that medical professionals have advanced knowledge on the physiological aspects of adolescent sexual behavior, and school psychologists have advanced knowledge of adolescent development, it should be commonplace that these professionals provide parents with information and support on these subjects. Lastly, parents reported they would seek out information online. This latter finding highlights the importance of creating accurate and understandable resources that are accessible online.

In contrast to commonly held beliefs, the current study did not find that religion (e.g., religious practices, beliefs) or spirituality predicted the frequency or quality of parent-adolescent communication regarding sexual topics. Since previous literature has found that religiosity predicts the frequency or quality of parent-adolescent communication, religiosity may be the better variable to use when exploring this relationship. Results did show that spirituality predicted parental attitudes about adolescent sexual behavior. These findings imply that spirituality rather than religiosity plays the greater of the two roles in parental attitudes about sexual behavior. These findings could also imply that as income increases religion becomes less important. Previous studies have found that as economic security and prosperity increased, religiosity decreased (Storm, 2017).

Limitations

The study is not without limitations. The participants in this study were overwhelming female. Of the total number of participants, 108, there were only 29

fathers who completed the survey through Qualtrics. Out of the 29, only eight indicated they would be willing to participate in the interview portion of the study. The researcher contacted all of the male participants for an interview but only one father completed the interview. The lack of representation of fathers in this study is not uncommon in this field of research. Despite the limited research, there is suggestion that differences are found in the types and frequency of conversations that Black fathers have with their children/adolescents about sex-related topics (Sneed et al., 2013).

For this study families were determined middle-income if their income was between 42,000 and 125,000 thousand dollars. This income range was derived from the Pew Research Center (2018) guidelines. This income range was used because it was adjusted for the cost of living in a metropolitan area. However, the researcher does realize that this range of income can look different depending on various factors such as geographic location, family size, and familial resources (e.g., generational wealth or lack thereof). Future research should take into account these factors when examining income because SES may have various effects on parenting in the Black community such as beliefs and parenting behaviors (Tamis-LeMonda et al., 2008). This study exclusively focused on middle-income Black families address a concern they have rarely been included research on Black parents and parenting.

As mentioned earlier, when studying religious influences on adolescent sexual behavior there are a variety of terms that are used interchangeably. Adolescent religious behavior can be described as religious practices (e.g., reading the bible, going to church), religious beliefs (e.g., belief in God), religiosity (i.e., a combination of practices and behaviors), and spirituality (i.e., a way of life that may or may not be religious). It is

important to note that these definitions can vary across the literature. Despite their connectedness, in future work research should strive to use consistent definitions, because as this study and others have found, theses terms/variables can have different influences on parent-adolescent conversations about sexual topics.

It is important to discuss reflexivity, which is the "awareness of researcher's contribution to the construction of meanings throughout the research process" (Willig, 2001, p.10). Some researchers suggest that reflexivity is problematic, for example, Willig (2001) stated that the "goal of research is to produce knowledge; that is, understanding that it is impartial and unbiased based on a view from the 'outside' without personal involvement or vested interest on the part of the researcher" (p.3). However, other researchers note that reflexivity can be useful because those with the 'inside' knowledge can provide insights into practices of interest (Camic et al., 2004). I have thought about ways in which my background, beliefs, and race may have contributed to the results of the qualitative portion of the study. I believe that my race, background, and passion for working with Black families provided me with an advantage. At the beginning of the interview I told the participants about myself (e.g., program, race, area of research interest). I believed this helped me quickly build rapport with parents and perhaps that made them feel comfortable discussing a personal topic such as discussing sexual topics with their adolescent. However, it is important to note that my race, background, and passion for working with Black families could have led to possible influence through unintentional cues such as use as enthusiasm and confirmation bias.

Finally, it is important to note that the parents who were interviewed self-selected to participate. This could mean that certain types of parents were interviewed over

another type(s). For example, the parents who volunteered to participate could be generally open to discussing these topics with others, versus parents who did not select to participate.

Future directions

The present study adds to our knowledge about middle-income Black parents' attitudes towards adolescent sexual behavior and the frequency and quality of parent-adolescent conversations about sexual topics. This study is among the first to explore parental attitudes, communication quality and frequency among middle-income Black parents. Future examinations should strive to incorporate parent-adolescent dyads in exploring this area of concern, from both individual perspectives, and dyadic perspectives. Including both parent and adolescent perspectives would likely strengthen research findings, and help researchers understand the dynamic nature of parent-adolescent conversations. It would also be useful to conduct analyses between the middle-income and lower-income Black families to assess for any differences in parental attitudes, communication quality and frequency of sexual topics.

Given that the current study did not find a relationship between religion (e.g., religious practices, beliefs), spirituality and the frequency or quality of parent-adolescent communication regarding sexual topics, future studies may want to examine these variables in more detail. This is because results did show that spirituality predicted parental attitudes about adolescent sexual behavior. Future studies should further examine how spirituality affects parental attitudes about adolescent sexual behavior. It will be important for studies to be intentional on which definition of spirituality they use

when studying this topic as studies suggest the definition used can affect the findings (Baier & Wampler, 2008; Brelsford et al., 2011; Burris et al., 2009).

These results also highlight the importance of considering other factors that may contribute to the timing, content, and structure of parent-adolescent conversations about sexual topics. For example, literature has suggested that Black female and male adolescents hear different messages when they have conversations with their parents regarding sex-related topics (Kapungu et al., 2010; Murray et al., 2014; Sneed et al., 2013). It has been found that Black mothers communicated more frequently about sex-topics with their daughters (Kapungu et al., 2010). Mothers were more likely to deliver messages that are protective when speaking with their daughters (Kapungu et al., 2010). These conversations usually focus on the consequences of sex and abstinence (Murray, 2014; Sneed et al., 2013). Mother-son conversations usually focus on the consequences of getting someone pregnant and the use of condoms (Murray, 2014; Sneed et al., 2013).

Although limited, research on father-adolescent conversations about sexual topics suggests that there are differences in the frequency and quality of conversations. Previous studies suggested that father-daughter conversations often focused on abstinence occurred less frequently (Sneed et al., 2013). Both male and female adolescents reported having more frequent conversations related to information (e.g., information on STDs) as compared to personal parent-child discussions that focused on adolescent sexual behavior (Sneed et al., 2013).

Given that the little existent research on this topic suggests there are differences found in the types and frequency of conversations that Black fathers (as compared to mothers) have with their adolescents, future research should further explore these

differences. Black fathers play an integral role in their adolescents' lives; however, it is important to note that some Black adolescents are being raised in single parent households (Sneed et al., 2003). When examining the roles of Black fathers in regard to parent-adolescent communications about sex, it will be important to study fathers who live at home with their son or daughter and non-custodial fathers (Sneed et al., 2013).

Lastly, the age of the adolescent may contribute to the timing, content, and structure of parent-adolescent conversations about sexual topics. Developmentally speaking, the period of early adolescence is different from late adolescences. As such, we would expect the parent-adolescent communications to change as the adolescent develops cognitively and socially (Aronowitz & Agbeshie, 2012). That is, parent-adolescent communication about sex with a 13 year old will likely look different from the communication that would take place with an 18 year old.

This study allowed for parents to describe what they thought were facilitators and barriers to engaging in conversations regarding sexual topics with their adolescent. It was found that many parents felt uncomfortable and assumed that their adolescent knew more about sex than did the parents themselves. Future studies should examine different ways to build parents' confidence in this area. Parents reported they were willing to seek assistance from a variety of professionals and sources, including health professionals, mental health professionals and the Internet. Future research should continue exploring different modalities of support and information to provide parents with information on adolescent sexual behavior.

Conclusion

Black adolescents are being adversely affected by the negative consequences of typically experienced developmental behavior, namely sexual behavior. Black adolescents have increased rates of chlamydia, gonorrhea, and HIV as compared with their White counterparts. Parent-adolescent conversations about sexual topics are associated with decreased risky sexual behaviors and attitudes amongst adolescents. The current study used mix-methods to explore middle-income Black parents' conversations about sexual topics with their adolescents. In addition, this study aimed to explore the interactions between religion, parental attitudes about adolescent sexual behavior, and frequency/quality of conversations regarding sexual topics.

Results found that the quality of the conversations was neither overly positive nor overly negative. However, parents had more negative attitudes about their adolescent engaging in oral sex and sexual intercourse as compared to kissing. It also was found that parents were less likely to discuss positive aspects of sexual behavior versus the negative consequences of adolescent sex. This study did not find a relationship between religion, spirituality and the frequency or quality of parent-adolescent communication regarding sexual topics. However, parents' spirituality did predict parental attitudes about adolescent sexual behavior. Participants suggested parents' do not speak to their adolescents about sexual topics because they feel uncomfortable, believe their adolescents are too young, and because of believing the subject of adolescent sex was taboo. However, participants stated that wanting to give their adolescent correct information, protection from harm, and having a communicative and open relationship drove them to engage in these conversations. Lastly, results also suggest that parents

would seek assistance from a variety of professionals including health professionals, mental health professionals and the Internet.

In conclusion, Black adolescents are at increased risk for teenage pregnancy, contracting STIs and HIV, which can lead to serious health and financial ramifications. This study examined ways that middle-income Black parents could continue to provide protection for their sons and daughters as they grow and develop into adulthood. It is the hope of the researcher that the results of this study can lead to increased and more effective prevention efforts.

Appendix A – Demographic Questions

1. What is your gender? _____
2. What is your age? _____
3. What is the gender of your adolescent? _____
4. Are you significantly involved in the childcare and the caregiving of this adolescent?

☐ Yes, I have sole responsibilities

☐ Yes, I share responsibilities

☐ No

5. What is the highest level of education you have achieved?

☐ 8th grade or less
☐ Some high school but did not graduate
☐ High School Diploma/GED
☐ Some college (e.g. one year, associate degree)
☐ College degree (e.g. Bachelor's Degree)
☐ Graduate degree and/or Professional degree (e.g. MA, MS, PhD)

4. Are you currently employed?

☐ Yes
☐ No

5. If yes, what is your current occupation? _____

6. What was your total household income during the past 12 months? _____

7. What is your marital status?

☐ Single (never married)
☐ Married
☐ Living with partner
☐ Separated
☐ Widowed
☐ Divorced

Appendix B- Religion and Spirituality

Religious Background and Behavior Scale

Which of the following best describes you at the present time?

- ☐ Atheist- I do not believe in God
- ☐ Agnostic –I believe we can't really know about God
- ☐ Unsure –I don't know what to believe about God
- ☐ Spiritual- I believe in God, but I'm not religious.
- ☐ Religious- I believe in God and practice religion.

Which religion do you identify with?

A. Christian/ Non-Catholic
B. Jewish
C. Muslim
D. Christian/ Catholic
F. Not religious
E. Other_____

For the past year, how often have you done the following?

1. **Thought about God**

   0-Never
   1-Rarely
   2-Once a month
   3-Twice a month
   4. Once a week
   5. Twice a week
   6. Almost daily
   7. More than once a day

2. **Prayed**

   0-Never
   1-Rarely
   2-Once a month
   3-Twice a month
   4. Once a week
   5. Twice a week
   6. Almost daily
   7. More than once a day

3. Meditated

0-Never
1-Rarely
2-Once a month
3-Twice a month
4. Once a week
5. Twice a week
6. Almost daily
7. More than once a day

4. Attended worship service

0-Never
1-Rarely
2-Once a month
3-Twice a month
4. Once a week
5. Twice a week
6. Almost daily
7. More than once a day

5. Read-studied scriptures, holy writings

0-Never
1-Rarely
2-Once a month
3-Twice a month
4. Once a week
5. Twice a week
6. Almost daily
7. More than once a day

6. Had direct experiences of God or a higher power

0-Never
1-Rarely
2-Once a month
3-Twice a month
4. Once a week
5. Twice a week
6. Almost daily

7. More than once a day

Hoge Intrinsic Religious Motivation Scale

Please respond to the following statements about your religious beliefs and experiences, by choosing the response that best describes your perspective.

1. My faith involves all of my life

1-Definitely true
2-Tends to be true
3-Unsure
4-Tends not to be true
5-Definitely not true

2. Beliefs are less important than living a moral life

1-Definitely true
2-Tends to be true
3-Unsure
4-Tends not to be true
5-Definitely not true

3. One should seek God's guidance when making important decisions

1-Definitely true
2-Tends to be true
3-Unsure
4-Tends not to be true
5-Definitely not true

4. In my life, I experience the presence of the Divine (God)

1-Definitely true
2-Tends to be true
3-Unsure
4-Tends not to be true
5-Definitely not true

5. I refuse to let religion influence my everyday affairs

1-Definitely true
2-Tends to be true
3-Unsure
4-Tends not to be true
5-Definitely not true

6. My faith sometimes restricts my actions

1-Definitely true

2-Tends to be true
3-Unsure
4-Tends not to be true
5-Definitely not true

7. Nothing is as important as serving God

1-Definitely true
2-Tends to be true
3-Unsure
4-Tends not to be true
5-Definitely not true

8. There are many important things in life than religion

1-Definitely true
2-Tends to be true
3-Unsure
4-Tends not to be true
5-Definitely not true

9. Religious beliefs lie behind my whole approach to life

1-Definitely true
2-Tends to be true
3-Unsure
4-Tends not to be true
5-Definitely not true

10. I try hard to carry religion over into life's dealings

1-Definitely true
2-Tends to be true
3-Unsure
4-Tends not to be true
5-Definitely not true

The Intrinsic Spirituality Scale

For each statement below, please circle the number between 0 and 10 that best reflects your current view on the statement.

1. In terms of the questions I have about life, my spirituality answers

no questions										**absolutely all my questions**
0	*1*	*2*	*3*	*4*	*5*	*6*	*7*	*8*	*9*	***10***

2. Growing spiritually is

more important than anything else in my life										**of no importance to me**
10	*9*	*8*	*7*	*6*	*5*	*4*	*3*	*2*	*1*	***0***

3. When I am faced with an important decision, my spirituality

plays absolutely no role										**is always the overriding consideration**
0	*1*	*2*	*3*	*4*	*5*	*6*	*7*	*8*	*9*	***10***

4. Spirituality is

the master motive of my life, directing every other aspect of my life										**not part of my life**
10	*9*	*8*	*7*	*6*	*5*	*4*	*3*	*2*	*1*	***0***

5. When I think of the things that help me to grow and mature as a person, my spirituality

has no effect on my personal growth										**is absolutely the most important factor in my personal growth**
0	*1*	*2*	*3*	*4*	*5*	*6*	*7*	*8*	*9*	***10***

6. My spiritual beliefs affect

absolutely every aspect of my life										**no aspect of my life**
10	*9*	*8*	*7*	*6*	*5*	*4*	*3*	*2*	*1*	***0***

Appendix C- Conversations Survey

Close Friend Communication about Sex Scale
For each statement below, please select the response that best reflects how often you have had conversations or talks with your daughter/son regarding the topic. Please base your responses on the same adolescent throughout.

1. My daughter/son and I have conversations or talk about: Dating/romantic relationships

1-Never
2-Once
3-A few times
4-Often

2. My daughter/son and I have conversations or talk about: Making out

1-Never
2-Once
3-A few times
4-Often

3. My daughter/son and I have conversations or talk about: My physical appearance

1-Never
2-Once
3-A few times
4-Often

4. My daughter/son and I have conversations or talk about: Her/his physical appearance

1-Never
2-Once
3-A few times
4-Often

5. My daughter/son and I have conversations or talk about: Pregnancy

1-Never
2-Once
3-A few times
4-Often

6. My daughter/son and I have conversations or talk about: Menstruation

1-Never
2-Once
3-A few times
4-Often

7. My daughter/son and I have conversations or talk about: Abortion

1-Never
2-Once
3-A few times
4-Often

8. My daughter/son and I have conversations or talk about: Birth control pill

1-Never
2-Once
3-A few times
4-Often

9. My daughter/son and I have conversations or talk about: Masturbation

1-Never
2-Once
3-A few times
4-Often

10. My daughter/son and I have conversations or talk about: Causal sex

1-Never
2-Once
3-A few times
4-Often

11. My daughter/son and I have conversations or talk about: Sexual intercourse

1-Never
2-Once
3-A few times
4-Often

12. My daughter/son and I have conversations or talk about: Sexual desire

1-Never
2-Once
3-A few times
4-Often

14. My daughter/son and I have conversations or talk about: Sexual satisfaction

1-Never
2-Once
3-A few times
4-Often

14. My daughter/son and I have conversations or talk about: Sexually transmitted diseases

1-Never

2-Once
3-A few times
4-Often

15. My daughter/son and I have conversations or talk about: Safe sex

1-Never
2-Once
3-A few times
4-Often

16. My daughter/son and I have conversations or talk about: HIV/AIDS

1-Never
2-Once
3-A few times
4-Often

17. My daughter/son and I have conversations or talk about: Date or acquaintance rape

1-Never
2-Once
3-A few times
4-Often

18. My daughter/son and I have conversations or talk about: Condoms

1-Never
2-Once
3-A few times
4-Often

19. My daughter/son and I have conversations or talk about: Contraception

1-Never
2-Once
3-A few times
4-Often

20. My daughter/son and I have conversations or talk about: Abstinence

1-Never
2-Once
3-A few times
4-Often

Quality of Conversation Scale

For the following statements, please select the response that best reflects how you believe your daughter/son would feel or act if you discussed sex or sexual related issues with her/him. If I discussed sex and sex related issues with my daughter or son, s/he would…..

Share her/his sexual experiences with me

1-Strongly disagree
2-Disagree
3-Agree
4-Strongly agree

Feel uncomfortable

1-Strongly disagree
2-Disagree
3-Agree
4-Strongly agree

Feel embarrassed

1-Strongly disagree
2-Disagree
3-Agree
4-Strongly agree

Feel free to speak her/his mind

1-Strongly disagree
2-Disagree
3-Agree
4-Strongly agree

Feel glad I raised the topic

1-Strongly disagree
2-Disagree
3-Agree
4-Strongly agree

Try to change the topic

1-Strongly disagree
2-Disagree
3-Agree
4-Strongly agree

Wish I would stop

1-Strongly disagree
2-Disagree
3-Agree
4-Strongly agree

Feel I was trying to pry into her/his business

1-Strongly disagree
2-Disagree

3-Agree
4-Strongly agree

Appendix D- Parental Attitudes Survey

For each item below, please choose the number of the response that best represents your level of agreement with the item.

1. How upset would you be if you found out that your daughter/son made out or kissed someone?

1-Not at all upset

2-Slightly upset

3-Upset

4-Very upset

2. How upset would you be if you found out that your daughter/son had oral sex?

1-Not at all upset

2-Slightly upset

3-Upset

4-Very upset

3. How upset would you be if you found out that your daughter/son had sexual intercourse?

1-Not at all upset

2-Slightly upset

3-Upset

4-Very upset

Appendix E – Interview Guide

[Hello, may I speak to _____ please.] This is Teressa Davis; I am a graduate student from the Psychology Department at the University of Rhode Island. I am interested in studying Black adolescents and their families. Today I would like to talk with you about your adolescent in regard to issues of sexual behavior and risky sexual behavior. Thank you again for agreeing to participate. As noted in the consent form, participation in this study is voluntary and you may refuse to answer any question and/or discontinue the interview at any time. This interview will take approximately 20 minutes—OK? Let's begin.

(Ensure that equipment is working properly, if technical difficulties arise, re-schedule the interview with the participant.)

1. Research shows us that parent-adolescent conversation about sexual topics can lead to decreased engagement in risky sexual behaviors amongst Black youth. Conversations about sexual topics would include talking about topics such as age at first sexual experience, number of sexual partners and use of contraceptives such as condoms or birth control consistently. What are some factors that influence parent's engagement in conversations about sexual topics with their daughter or son?

   Prompt include:
   - What are some factors that could facilitate or aid in these conversations?
   - What are some factors that could be a barrier or obstacle to these conversations?
   - What are some ways to over come these barriers?

2. I would like you to think about the following situation:

   You have come to believe you need to get support, guidance, or seek assistance with how to have, or how to improve, conversations related to sexual topics with your adolescent son or daughter. Conversations about sexual topics would include talking about topics such as age at first sexual experience, number of sexual partners and use of contraceptives such as condoms or birth control consistently. (Pause). Who are some of the people you would consider going to help for this issue?

   Prompt include:
   - Tell me about some of the reasons you would want to talk with this person?

Thank you very much for sharing your thoughts with me. Your input has been very helpful and I appreciate your willingness to participate. Please let me know if you would like a copy of my study results. Yes___ No___ Where can I send them to you?_____
I would like to make sure we understood the main points of your comments and observations. May I contact you after we transcribe the interview? Yes___ No___
Where can I send your gift card? _____

Again, my sincere appreciation

Bibliography

Aronowitz, T., & Agbeshie, E. (2012). Nature of communication: Voices of 11–14 year old African-American girls and their mothers in regard to talking about sex. *Issues in Comprehensive Pediatric Nursing*, *35*(2), 75-89. https://doi.org/10.3109/01460862.2012.678260.

Baier, M. E., & Wampler, K. S. (2008). A Qualitative Study of Southern Baptist Mothers' and Their Daughters' Attitudes Toward Sexuality. *Journal of Adolescent Research*, *23*(1), 31–54. https://doi.org/10.1177/0743558407310730.

Bengtsson, M. (2016). How to plan and perform a qualitative study using content analysis. *NursingPlus Open*, *2*, 8-14. https://doi.org/10.1016/j.npls.2016.01.001

Bearman, P. S., & Brucker, H. (2001). Promising the future: Virginity pledges and first intercourse. American Journal of Sociology, 106, 859–912. https://doi.org/10.1086/320295

Bersamin, M., Todd, M., Fisher, D. A., Hill, D. L., Grube, J. W., & Walker, S. (2008). Parenting practices and adolescent sexual behavior: A longitudinal study. *Journal of Marriage and Family*, *70*(1), 97-112. **https://doi.org/10.1111/j.1741-3737.2007.00464.x**

Burris, J. L., Smith, G. T., & Carlson, C. R. (2009). Relations among religiousness, spirituality, and sexual practices. *Journal of Sex Research*, *46*(4), 282-289. ttps://doi.org/10.1080/00224490802684582

Camic, P. M., Rhodes, J. E., & Yardley, L. E. (2003). *Qualitative research in psychology: Expanding perspectives in methodology and design*. American Psychological Association.

Centers for Disease Control and Prevention. Division of STD Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, Centers for Disease Control and Prevention—2018.

Centers for Disease Control and Prevention (CDC. (2011). HIV/AIDS Surveillance, 2011. Atlanta: U.S. Department of Health and Human Services.

Centers for Disease Control and Prevention (CDC). 2009 Sexually transmitted disease surveillance. Available at: http://www.cdc.gov/std/stats09/default.htm. Published November 2010. Accessed June 15, 2020.

Centers for Disease Control and Prevention. Youth Risk Behavior Surveillance—United States, 2017. MMWR Surveillance Summary 2018; 67(No. SS-8).

Chamratrithirong, A., Miller, B. A., Byrnes, H. F., Rhucharoenpornpanich, O., Cupp, P. K., Rosati, M. J., ... & Chookhare, W. (2010). Spirituality within the family and the prevention of health risk behavior among adolescents in Bangkok, Thailand. *Social science & medicine*, *71*(10), 1855-1863. https://doi.org/10.1016/j.socscimed.2010.08.020.

Childs, G., Moneyham, L., & Felton, G. (2008). Correlates of sexual abstinence and sexual activity of low-income African American adolescent females. *Journal of the Association of Nurses in AIDS Care*, *19*(6), 432-442. https://doi.org/10.1016/j.jana.2008.04.013.

Chinh, B., Zade, H., Ganji, A., & Aragon, C. (2019, May). Ways of Qualitative Coding: A Case Study of Four Strategies for Resolving Disagreements. In *Extended Abstracts of the 2019 CHI Conference on Human Factors in Computing Systems* (pp. 1-6). https://doi.org/10.1145/3290607.3312879.

Connors, G.J., Tonigan, J.S., & Miller, W.R. (1996). A measure of religious background and behavior for use in behavior change research. *Psychology of Addictive Behaviors,* 10(2), 90-96. https://doi-org.uri.idm.oclc.org/10.1037/0893-164X.10.2.90.

Couper, M. P., Tourangeau, R., Conrad, F. G., & Crawford, S. D. (2004). What they see is what we get: response options for web surveys. *Social science computer review*, *22*(1), 111-127. https://doi.org/10.1177/0894439303256555.

Crosby, R. A., DiClemente, R. J., Wingood, G. M., Cobb, B. K., Harrington, K., Davies, S. L., ... & Oh, M. K. (2001). HIV/STD-protective benefits of living with mothers in perceived supportive families: a study of high-risk African American female teens. Preventive Medicine, 33(3), 175-178. https://doi.org/10.1006/pmed.2001.0868.

De Looze, M., Constantine, N. A., Jerman, P., Vermeulen-Smit, E., & ter Bogt, T. (2015). Parent–adolescent sexual communication and its association with adolescent sexual behaviors: A nationally representative analysis in the Netherlands. *The Journal of Sex Research*, *52*(3), 257-268. https://doi.org/10.1080/00224499.2013.858307.

Diagnoses of HIV infection in the United States and dependent areas, 2018 (Preliminary). *HIV Surveillance Report* 2019;30.

Division of STD Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, Centers for Disease Control and Prevention

Page last reviewed July 30, 2019.

Dittus, P. J., & Jaccard, J. (2000). Adolescents' perceptions of maternal disapproval of sex: Relationship to sexual outcomes. *Journal of Adolescent Health*, *26*(4), 268–278. https://doi-org.uri.idm.oclc.org/10.1016/S1054-139X(99)00096-8.

Downe-Wambolt, B. (1992). Content analysis: method, applications and issues *Health Care for Women International*, *13*, pp. 313-321. https://doi.org/10.1080/07399339209516006.

Finke, R., & Adamczyk, A. (2008). Cross-national moral beliefs: The influence of national religious context. *The Sociological Quarterly*, *49*(4), 617-652. https://doi.org/10.1111/j.1533-8525.2008.00130.x

Ford, C. A., Davenport, A. F., Meier, A., & McRee, A. L. (2009). Parents and health care professionals working together to improve adolescent health: the perspectives of parents. *Journal of Adolescent Health*, *44*(2), 191-194. https://doi.org/10.1016/j.jadohealth.2008.06.017.

Gabbidon, K. S., & Shaw-Ridley, M. (2018). "Sex is a sin": Afro-Caribbean parent and teen perspectives on sex conversations. *Journal of Immigrant and Minority Health*, *20*(6), 1447-1457. https://doi.org/10.1007/s10903-018-0695-8.

Graneheim, U. H., & Lundman, B. (2003). Qualitative content analysis in nursing research: Concepts, procedures, and measures to achieve trustworthiness. *Nurse Education Today, 24,* 105-112. https://doi.org/10.1016/j.nedt.2003.10.001.

Hall, W. J., Chapman, M. V., Lee, K. M., Merino, Y. M., Thomas, T. W., Payne, B. K., ... & Coyne-Beasley, T. (2015). Implicit racial/ethnic bias among health care professionals and its influence on health care outcomes: a systematic review. *American journal of public health*, *105*(12), e60-e76. https://doi.org/10.2105/AJPH.2015.302903.

Helitzer, D. L., Sussman, A. L., De Hernandez, B. U., & Kong, A. S. (2011). The "ins" and "outs" of provider-parent communication: Perspectives from adolescent primary care providers on challenges to forging alliances to reduce adolescent risk. *Journal of Adolescent Health*, *48*(4), 404-409. https://doi.org/10.1016/j.jadohealth.2010.07.020.

Hodge DR. 2003. The intrinsic spirituality scale: a new six-item instrument for assessing the salience of spirituality as a motivational construct. Journal of Social Service Research. 30(1):41–61. https://doi.org/10.1300/J079v30n01_03.

Hoffman SD. Kids Having Kids: Economic Costs and Social Consequences of Teen Pregnancy. Washington, DC: The Urban Institute Press; 2008.

Hoge DR. (1972). A validated Intrinsic Religious Motivation Scale. Journal for the Scientific Study of Religion 1972; 11: 369- 76. DOI 10.2307/1384677.

Hutchinson, M. K., Jemmott III, J. B., Jemmott, L. S., Braverman, P., & Fong, G. T. (2003). The role of mother–daughter sexual risk communication in reducing

sexual risk behaviors among urban adolescent females: a prospective study. Journal of adolescent health, 33(2), 98-107. https://doi.org/10.1016/S1054-139X(03)00183-6.

Jaccard, J., & Dittus, P. J. (2000). Adolescent perceptions of maternal approval of birth control and sexual risk behavior. *American Journal of Public Health*, *90*(9), 1426–1430. https://doi-org.uri.idm.oclc.org/10.2105/AJPH.90.9.1426.

Jerman, P., & Constantine, N. A. (2010). Demographic and psychological predictors of parent–adolescent communication about sex: A representative statewide analysis. Journal of Youth and Adolescence, 39, 1164–1174. http://dx.doi.org.uri.idm.oclc.org/10.1007/s10964-010-9546-1

Kaestle, C. E., Halpern, C. T., Miller, W. C., & Ford, C. A. (2005). Young age at first sexual intercourse and sexually transmitted infections in adolescents and young adults. *American Journal of Epidemiology*, *161*(8), 774-780. https://doi.org/10.1093/aje/kwi095

Kaplan, D. L., Jones, E. J., Olson, E. C., & Yunzal-Butler, C. B. (2013). Early Age of First Sex and Health Risk in an Urban Adolescent Population Early Age of First Sex and Health Risk in an Urban Adolescent Population. *Journal Of School Health*, *83*(5), 350-356. doi:10.1111/josh.12038.

Kapungu, C. T., Baptiste, D., Holmbeck, G., McBride, C., Robinson-Brown, M., Sturdivant, A., ... & Paikoff, R. (2010). Beyond the "Birds and the Bees": Gender differences in sex-related communication among urban African-American adolescents. Family process, 49(2), 251-264. https://doi.org/10.1111/j.1545-5300.2010.01321.x

Kotchick, B. A., Dorsey, S., Miller, K. S., & Forehand, R. (1999). Adolescent sexual risk-taking behavior in single-parent ethnic minority families. *Journal of Family Psychology, 13*(1), 93–102. https://doi.org/10.1037/0893-3200.13.1.93

Kvale, S. (1996). *Interviews: An introduction to qualitative research interviewing.* Sage: London.

Landor, A., Simons, L. G., Simons, R. L., Brody, G. H., & Gibbons, F. X. (2011). The role of religiosity in the relationship between parents, peers, and adolescent risky sexual behavior. *Journal of Youth and Adolescence*, *40*(3), 296–309. https://doi-org.uri.idm.oclc.org/10.1007/s10964-010-9598-2.

Liechty, D. (2013). Sacred content, secular context: A generative theory of religion and spirituality for social work. *Journal of social work in end-of-life & palliative care*, *9*(2-3), 123-143.https://doi.org/10.1080/15524256.2013.794011.

Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry.* Sage: Beverly Hills.

Mack, N., Woodsong, C., Macqueen, K. M., Guest, G., & Namey, E. (2005). Qualitative research methods: A data collector's field guide. Family Health International.

Macknee, C. M. (2002). Profound Sexual and Spiritual Encounters among Practicing Christians: A Phenomenological Analysis. *Journal of Psychology and Theology*, *30*(3), 234–244. https://doi.org/10.1177/009164710203000306.

Martin, J. A., Hamilton, B. E., Osterman, M. J. K., Driscoll, A. K., & Mathews, T. J. (2015). Births: Final data for 2015. National vital statistics report; vol 66, no 1. Hyattsville, MD: National Center for Health Statistics. 2017.

Martin J.A., Hamilton B.E., Osterman M. J. K., Driscoll A.K., Drake P.Births: Final Data for 2017. National vital statistics reports: from the Centers for Disease Control

and Prevention, National Center for Health Statistics, National Vital Statistics System. 2018;67(8):1-50. https://www.cdc.gov/nchs/data/nvsr/nvsr67/nvsr67_08-508.pdf.

Mastro, S., & Zimmer-Gembeck, M. J. (2015). Let's talk openly about sex: Sexual communication, self-esteem and efficacy as correlates of sexual well-being. *European Journal of Developmental Psychology*, *12*(5), 579-598. https://doi.org/10.1080/17405629.2015.1054373.

McCree, D. H., Wingood, G. M., DiClemente, R., Davies, S., & Harrington, K. F. (2003). Religiosity and risky sexual behavior in African-American adolescent females. *Journal of adolescent health*, *33*(1), 2-8. https://doi.org/10.1016/S1054-139X(02)00460-3

McGinn, L., Stone, N., Ingham, R., & Bengry-Howell, A. (2016). Parental interpretations of "childhood innocence". *Health Education*. https://doi.org/10.1108/HE-10-2015-0029.

Miller, K. S., Fasula, A. M., Dittus, P., Wiegand, R. E., Wyckoff, S. C., & McNair, L. (2009). Barriers and facilitators to maternal communication with preadolescents about age-relevant sexual topics. *AIDS and Behavior*, *13*(2), 365-374. https://doi.org/10.1007/s10461-007-9324-6.

Moore, J. T., & Leach, M. M. (2016). Dogmatism and mental health: A comparison of the religious and secular. *Psychology of Religion and Spirituality*, *8*(1), 54. http://dx.doi.org.uri.idm.oclc.org/10.1037/rel0000027.

Morawska, A., Winter, L., & Sanders, M. R. (2009). Parenting knowledge and its role in the prediction of dysfunctional parenting and disruptive child behaviour. *Child:*

care, health and development, *35*(2), 217-226. **https://doi.org/10.1111/j.1365-2214.2008.00929.x**.

Murray, A., Ellis, M. U., Castellanos, T., Gaul, Z., Sutton, M. Y., & Sneed, C. D. (2014). Sexual health discussions between African-American mothers and mothers of Latino descent and their children. Sex Education, 14(5), 597-608. https://doi.org/10.1080/14681811.2014.908767.

Parkes, A., Henderson, M., Wight, D., & Nixon, C. (2011). Is parenting associated with teenagers' early sexual risk-taking, autonomy and relationship with sexual partners?. Perspectives on sexual and reproductive health, 43(1), 30-40.

Perper K, Peterson K, Manlove J. Diploma Attainment Among Teen Mothers. Child Trends, Fact Sheet Publication #2010-01: Washington, DC: Child Trends; 2010.

Pew Research Center. The Shrinking Middle Class in the U.S. Metropolitan Areas: 6 Key Findings (2014). https://www.pewresearch.org/fact-tank/2016/05/12/us-middle-class-metros-takeaways/.

Guilamo-Ramos, V., Lee, J. J., Kantor, L. M., Levine, D. S., Baum, S., & Johnsen, J. (2015). Potential for using online and mobile education with parents and adolescents to impact sexual and reproductive health. *Prevention Science*, *16*(1), 53-60. DOI 10.1007/s11121-014-0469-z.

Regnerus, M. D. (2005). Talking about sex: Religion and patterns of parent–child communication about sex and contraception. *The Sociological Quarterly*, *46*(1), 79-105. https://doi.org/10.1111/j.1533-8525.2005.00005.x.

Repetti, R. L., Taylor, S. E., & Seeman, T. E. (2002). Risky families: family social environments and the mental and physical health of offspring. *Psychological bulletin*, *128*(2), 330. https://doi.org/10.1037/0033-2909.128.2.330.

Rhucharoenpornpanich, O., Chamratrithirong, A., Fongkaew, W., Miller, B. A., Cupp, P. K., Rosati, M. J., ... & Chookhare, W. (2012). Parent–teen communication about sex in urban Thai families. *Journal of health communication*, *17*(4), 380-396.https://doi.org/10.1080/10810730.2011.626668.

Ritchwood, T. D., Powell, T. W., Metzger, I. W., Dave, G., Corbie-Smith, G., Atujuna, M., ... & Akers, A. Y. (2017). Understanding the relationship between religiosity and caregiver–adolescent communication about sex within African-American families. *Journal of child and family studies*, *26*(11), 2979-2989. https://doi.org/10.1007/s10826-017-0810-9.

Sandfort, T. M., Orr, M., Hirsch, J. S., & Santelli, J. (2008). Long-Term Health Correlates of Timing of Sexual Debut: Results From a National US Study. *American Journal Of Public Health*, *98*(1), 155-161. https://doi.org/10.2105/AJPH.2006.097444.

Sinha, J. W., Cnaan, R. A., & Gelles, R. J. (2007). Adolescent risk behaviors and religion: Findings from a national study. *Journal of adolescence*, *30*(2), 231-249. https://doi.org/10.1016/j.adolescence.2006.02.005.

Sneed, C. D., Somoza, C. G., Jones, T., & Alfaro, S. (2013). Topics discussed with mothers and fathers for parent–child sex communication among African-American adolescents. *Sex Education*, *13*(4), 450-458. https://doi.org/10.1080/14681811.2012.757548.

Somers, C. L., & Anagurthi, C. (2014). Parents' attitudes about adolescents' premarital sexual activity: The role of inter-parent consistency/inconsistency in sexual outcomes. *Health Education Journal*, *73*(5), 545-553. https://doi.org/10.1177/0017896913506702.

Storm, I. (2017). Does economic insecurity predict religiosity? Evidence from the European social survey 2002–2014. *Sociology of Religion*, *78*(2), 146-172. https://doi.org/10.1093/socrel/srw055.

Sutton, M. Y., Lasswell, S. M., Lanier, Y., & Miller, K. S. (2014). Impact of parent-child communication interventions on sex behaviors and cognitive outcomes for black/African-American and Hispanic/Latino youth: a systematic review, 1988-2012. *The Journal of adolescent health : official publication of the Society for Adolescent Medicine*, *54*(4), 369–384. https://doi.org/10.1016/j.jadohealth.2013.11.004.

Tamis-LeMonda, C. S., Briggs, R. D., McClowry, S. G., & Snow, D. L. (2008). Challenges to the study of African American parenting: Conceptualization, sampling, research approaches, measurement, and design. *Parenting: Science and Practice*, *8*(4), 319-358. https://doi.org/10.1080/15295190802612599.

Teitelman, A. M., Ratcliffe, S. J., & Cederbaum, J. A. (2008). Parent—adolescent communication about sexual pressure, maternal norms about relationship power, and STI/HIV protective behaviors of minority urban girls. *Journal of the American Psychiatric Nurses Association*, *14*(1), 50-60. https://doi.org/10.1177/1078390307311770.

Thoma, B. C., & Huebner, D. M. (2014). Parental monitoring, parent–adolescent communication about sex, and sexual risk among young men who have sex with men. *AIDS and Behavior*, *18*(8), 1604-1614. https://doi.org/10.1007/s10461-014-0717-z.

Thomas, S. M. (2001). Faith, history and Martin Wight: The role of religion in the historical sociology of the English School of International Relations. *International Affairs*, *77*(4), 905-929. https://doi.org/10.1111/1468-2346.00225.

Udell, W. A., & Donenberg, G. R. (2014). Parental Discussions about Sexual Risk with African American Sons: The Role of Religiosity. *Journal of Health Disparities Research and Practice*, *7*(6), 7. Available at: https://digitalscholarship.unlv.edu/jhdrp/vol7/iss6/7.

Usher-Seriki, K. K., Smith Bynum, M., & Callands, T. A. (2008). Mother–daughter communication about sex and sexual intercourse among middle-to upper-class African American girls. Journal of Family Issues, 29(7), 901-917. https://doi.org/10.1177/0192513X07311951.

Voisin, D. R., Corbin, D. E., & Jones, C. (2016). A Conceptualization of Spirituality Among African American Young Adults. *Western Journal of Black Studies*, *40*(1).

White, M. D., & Marsh, E. E. (2006). Content analysis: A flexible methodology. *Library Trends, 55,* 22-45. https://doi.org/10.1353/lib.2006.0053.

Willig, C. (2001). Qualitative research in psychology: A practical guide to theory and method. *Buckingham: OUP*.